PART B—ISSUE	FEE TRANSMITT 242 - 660.00 561 - 30.00 (*)
including the issue Fee Receipt, the Patent, advance orders and notification of maint	FEE. Blocks 2 through 6 should be completed where appropriate. All futher correspondence stenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, a PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment
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Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issa Assistant Commissioner for Patents, Washington D.C. 20231	Street Address RECEIVED
1. CORRESPONDENCE ADDRESS	CO-INVENTOR'S NAME OCT 1 2 1997
18M1/0 KNOBBE, MARTENS, OLSON & BEAR, LL 620 NEWPORT CENTER DRIVE	Street Address
SIXTEENTH FLOOR NEWFORT BEACH CA 92660	City, State and Zip Code
	Check if additional changes are enclosed
APPLICATION NO. FILING DATE TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT DATE MAILED
08/484,594 06/07/95 010	HAYES, R 1818 09/03/97
Applicant O'BRIEN, JOHN S.	
TITLE OF INVENTIONUSE OF PROSAPOSIN AND NEUROTROPHIC PEPTIDES DERIVED THEREFROM (AS AMENDED)	
ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. A	APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE
1 OBRIEN.002DV 514-002.000 R27	7 UTILITY YES \$645.00 12/03/97
3. Correspondence address change (Complete only if there is a change) 10/22/1997 RJOHHSON 00000060 08484594	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. 1 KNOBBE, MARTENS, OLSON & BEAR, LLP
5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE:	6a. The following fees are enclosed:
MYELOS NEUROSCIENCES CORP. (2) ADDRESS (CITY & STATE OR COUNTRY LA JOLLA, CALIFORNIA	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 11-1410
A. This application is NOT assigned.	(ENCLOSE A COPY OF THIS FORM) ☐ Issue Fee ☐ Advance Order - # of Copies
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